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2001

STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2001)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Number: 003293 Facility Name: THE ARC OF JACKSONVII	<u> </u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER
	Address: 1316 TENDICK Number County: MORGAN	JACKSONVILLE City	62650 Zip Code	I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.
	Telephone Number: (217) 243-6405 IDPA ID Number: 37-1214771	Fax # (217) 245-1449		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.
	Date of Initial License for Current Owners: Type of Ownership: VOLUNTARY,NON-PROFIT	11/06/87 X PROPRIETARY	GOVERNMENTAL	Officer or Administrator of Provider (Signed) (Date) (Type or Print Name) MELVIN SIEGEL (Title) PRESIDENT
	Charitable Corp. Trust IRS Exemption Code	Individual Partnership Corporation	State County Other	(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
		X "Sub-S" Corp. Limited Liability Co. Trust Other		Paid Preparer (Print Name and Title) (Firm Name & KRUPNICK BOKOR KAGDA & BROOKS, LTD & Address) 3750 W DEVON AVE, LINCOLNWOOD, IL 60712-1124
	In the event there are further questions about this Name: BOB KAGDA	s report, please contact: Telephone Number: (847)	(Telephone) (847) 675-3585 Fax # (847) 675-5777 MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

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0032938 01/01/2001 Ending: 12/31/2001 Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD. **Report Period Beginning:** III. STATISTICAL DATA D. How many bed-hold days during this year were paid by Public Aid? A. Licensure/certification level(s) of care; enter number of beds/bed days, (Do not include bed-hold days in Section B.) (must agree with license). Date of change in licensed beds E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) **NONE** Beds at Licensed **Bed Days During** F. Does the facility maintain a daily midnight census? Beginning of Licensure Beds at End of YES **Report Period** Level of Care **Report Period Report Period** G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? Skilled (SNF) 2 Skilled Pediatric (SNF/PED) 2 YES NO X 3 Intermediate (ICF) 93 33,945 3 4 Intermediate/DD H. Does the BALANCE SHEET (page 17) reflect any non-care assets? 5 5 Sheltered Care (SC) YES NO X 6 ICF/DD 16 or Less 6 I. On what date did you start providing long term care at this location? 7 TOTALS 93 33,945 7 Date started 11/06/87 J. Was the facility purchased or leased after January 1, 1978? X Date 11/06/87 **B.** Census-For the entire report period. YES 5 2 Level of Care Patient Days by Level of Care and Primary Source of Payment K. Was the facility certified for Medicare during the reporting year? **Public Aid** YES If YES, enter number and days of care provided Recipient **Private Pay** Other Total of beds certified 8 SNF 8 9 SNF/PED 9 **Medicare Intermediary** 10 ICF 25,809 654 26,463 10 11 ICF/DD 11 IV. ACCOUNTING BASIS 12 12 SC **MODIFIED** 13 DD 16 OR LESS 13 ACCRUAL X CASH* CASH* 14 TOTALS 25,809 654 26,463 14 Is your fiscal year identical to your tax year? C. Percent Occupancy. (Column 5, line 14 divided by total licensed Fiscal Year: Tax Year: 12/31/01 12/31/01 bed days on line 7, column 4.) * All facilities other than governmental must report on the accrual basis. 77.96%

	Facility Name & ID Number THE ARC OF JACKSONVILLE, L V. COST CENTER EXPENSES (throughout the report, please round to the				STATE OF ILI #	LINOIS 0032938	Report Period	Beginning:	01/01/2001	Ending:	Page 3 12/31/2001	_
	V. COST CENTER EXPENSES (throu		<u>, please round t</u> osts Per Genera		ollar)	Reclass-	Reclassified	Adjust-	Adjusted	EOD OHI	USE ONLY	
	Operating Expenses	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Aujusteu Total	FOR OHI	USE UNL I	
	A. General Services	Saiai y/ wage	2	3	4	5	6	7	8	9	10	
1	Dietary	73,718	6,063	6,024	85,805		85,805	0	85,805			1
2	Food Purchase		94,554	,	94,554	(6,826)	87,728	(320)	87,408			2
3	Housekeeping	55,889	16,566	0	72,455	() /	72,455	0	72,455			3
4	Laundry	22,864	6,261	0	29,125		29,125	0	29,125			4
5	Heat and Other Utilities	,		43,315	43,315		43,315	878	44,193			5
6	Maintenance	39,876	26,012	23,483	89,371		89,371	(5,414)	83,957			6
7	Other (specify):*			5,569	5,569		5,569	75	5,644			7
8	TOTAL General Services	192,347	149,456	78,391	420,194	(6,826)	413,368	(4,781)	408,587			8
	B. Health Care and Programs	Ĺ	ĺ	, i	, i				,			
9	Medical Director	0		14,750	14,750		14,750	0	14,750			9
10	Nursing and Medical Records	564,770	13,926	9,604	588,300		588,300	8,178	596,478			10
10a	Therapy	0		0	0		0	0	0			10a
11	Activities	33,600	6,075	3,300	42,975		42,975	(3,187)	39,788			11
12	Social Services	79,983		0	79,983		79,983	0	79,983			12
13	Nurse Aide Training			0	0		0	0	0			13
14	Program Transportation			120	120		120	0	120			14
15	Other (specify):*				0		0	0	0			15
16	TOTAL Health Care and Programs	678,353	20,001	27,774	726,128	0	726,128	4,991	731,119			16
	C. General Administration											
17	Administrative	48,216		0	48,216		48,216	15,036	63,252			17
18	Directors Fees			0	0		0	0	0			18
19	Professional Services			116,533	116,533		116,533	(88,569)	27,964			19
20	Dues, Fees, Subscriptions & Promotions			15,237	15,237		15,237	(5,419)	9,818			20
21	Clerical & General Office Expenses	34,987	15,866	15,768	66,621		66,621	39,506	106,127			21
22	Employee Benefits & Payroll Taxes			124,647	124,647	6,826	131,473	0	131,473			22
23	Inservice Training & Education			877	877		877	166	1,043			23
24	Travel and Seminar			1,004	1,004		1,004	15,305	16,309			24
25	Other Admin. Staff Transportation			6,846	6,846		6,846	0	6,846			25
26	Insurance-Prop.Liab.Malpractice			6,690	6,690		6,690	1,395	8,085			26
27	Other (specify):*			1,987	1,987		1,987	9,892	11,879			27
28	TOTAL General Administration	83,203	15,866	289,589	388,658	6,826	395,484	(12,688)	382,796			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	953,903	185,323	395,754	1,534,980	0	1,534,980	(12,478)	1,522,502			29

29 (sum of lines 8, 16 & 28)

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

#0032938

Report Period Beginning:

01/01/2001 Ending:

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V. COST CENTER EXPENSES (continued)

			Cost Per Gene	ral Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	T
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			6,513	6,513		6,513	29,178	35,691			30
31	Amortization of Pre-Op. & Org.				0		0	0	0			31
32	Interest			35,172	35,172		35,172	151,587	186,759			32
33	Real Estate Taxes			19,641	19,641		19,641	0	19,641			33
34	Rent-Facility & Grounds			98,745	98,745		98,745	(90,850)	7,895			34
35	Rent-Equipment & Vehicles			5,929	5,929		5,929	6,336	12,265			35
36	Other (specify):*				0		0	0	0			36
37	TOTAL Ownership			166,000	166,000	0	166,000	96,251	262,251			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation				0		0	0	0			38
39	Ancillary Service Centers				0		0	0	0			39
40	Barber and Beauty Shops				0		0	0	0			40
41	Coffee and Gift Shops				0		0	0	0			41
42	Provider Participation Fee			50,917	50,917		50,917	0	50,917			42
43	Other (specify):*				0		0	0	0			43
44	TOTAL Special Cost Centers	0	0	50,917	50,917	0	50,917	0	50,917			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	953,903	185,323	612,671	1,751,897	0	1,751,897	83,773	1,835,670			45

^{*}Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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VI. ADJUSTMENT DETAIL

A. The expenses indicate the second of the expenses indicate the second of th

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
			Refer-	OHF USE	
	NON-ALLOWABLE EXPENSES	Amount	ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	1,566	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(320)	2		13
14	Non-Care Related Interest	0	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)		25		16
17	Non-Care Related Fees	0	20		17
18	Fines and Penalties	(635)	21		18
19	Entertainment	0	20		19
20	Contributions	(2,600)	20		20
21	Owner or Key-Man Insurance	0	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,987)	27		24
25	Fund Raising, Advertising and Promotional	(3,241)	20		25
	Income Taxes and Illinois Personal	(/ /			
26	Property Replacement Tax				26
27		_			27
28	Yellow Page Advertising	0	20		28
29	Other-Attach Schedule SEE PAGE 5A	0			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (7,217)		\$ 0	30

	OHF USE ONLY	,				
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

			1	2	
		A	mount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$			31
32	Donated Goods-Attach Schedule*				32
	Amortization of Organization &				
33	Pre-Operating Expense				33
	Adjustments for Related Organization				
34	Costs (Schedule VII)		90,990		34
35	Other- Attach Schedule				35
36	SUBTOTAL (B): (sum of lines 31-35)	\$	90,990		36
	(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$	83,773		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

1 2 3

		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

STATE OF ILLINOIS THE ARC OF JACKSONVILLE, LTD.

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0032938 Report Period Beginning: 01/01/2001 12/31/2001 Ending:

Sch. V Line

NON	-ALLOWABLE EXPENSES	Amoun	t Reference
1 DEFERR	ED MAINTENANCE	\$	6 1
2	<u>-</u>		2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			43
45			45
46			45
47			47
48			48
49 Total			0 49

Summary A # 0032938 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD.
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	SUMMARY OF PAGES 5, 5A, 6, 6A	, ob, oc, ob,		TAND OI									SUMMARY	
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6 D	6E	6 F	6 G	6Н	6 I	(to Sch V, col	.7)
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(320)	0	0	0	0	0	0	0	0	0	0	(320)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	878	0	0	0	0	0	0	0	0	0	878	5
6	Maintenance	0	(5,414)	0	0	0	0	0	0	0	0	0	(5,414)	6
7	Other (specify):*	0	75	0	0	0	0	0	0	0	0	0	75	7
8	TOTAL General Services	(320)	(4,461)	0	0	0	0	0	0	0	0	0	(4,781)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	8,178	0	0	0	0	0	0	0	0	0	8,178	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	(3,187)	0	0	0	0	0	0	0	0	0	(3,187)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	4,991	0	0	0	0	0	0	0	0	0	4,991	16
	C. General Administration													
17	Administrative	0	12,594	2,442	0	0	0	0	0	0	0	0	15,036	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(88,569)	0	0	0	0	0	0	0	0	0	(88,569)	
20	Fees, Subscriptions & Promotions	(5,841)	422	0	0	0	0	0	0	0	0	0	(5,419)	20
21	Clerical & General Office Expenses	(635)	0	40,141	0	0	0	0	0	0	0	0	39,506	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	166	0	0	0	0	0	0	0	0	166	23
24	Travel and Seminar	0	0	15,305	0	0	0	0	0	0	0	0	15,305	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,395	0	0	0	0	0	0	0	0	1,395	
27	Other (specify):*	(1,987)	0	11,879	0	0	0	0	0	0	0	0	9,892	27
28	TOTAL General Administration	(8,463)	(75,553)	71,328	0	0	0	0	0	0	0	0	(12,688)	28
	TOTAL Operating Expense													l '
29	(sum of lines 8,16 & 28)	(8,783)	(75,023)	71,328	0	0	0	0	0	0	0	0	(12,478)	29

Summary B Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD. # 0032938 **Report Period Beginning:** 01/01/2001 Ending: 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

													SUMMARY	
	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6 G	6Н	6I	(to Sch V, col	.7)
30	Depreciation	1,566	0	398	27,214	0	0	0	0	0	0	0	29,178	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	151,587	0	0	0	0	0	0	0	151,587	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	7,895	(98,745)	0	0	0	0	0	0	0	(90,850)	
35	Rent-Equipment & Vehicles	0	0	6,336	0	0	0	0	0	0	0	0	6,336	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	1,566	0	14,629	80,056	0	0	0	0	0	0	0	96,251	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													1
45	(sum of lines 29, 37 & 44)	(7,217)	(75,023)	85,957	80,056	0	0	0	0	0	0	0	83,773	45

0032938

12/31/2001

VII. RELATED PARTIES

Facility Name & ID Number

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1		2	2			
OWNERS		RELATED NURS	OTHER REL	ATED BUSINESS F	ENTITIES	
Name	Ownership %	Name	City	Name	City	Type of Business
		LITCHFIELD TERRACE	LITCHFIELD	MAVIN	CHICAGO	CONSULTING,
		PARK RIDGE TERRACE	LOVES PARK	ENTERPRISES LTD		BOOKKEEPING
		PARKVIEW TERRACE	EAST MOLINE			
SEE ATTACHED LIST		SKYVIEW TERRACE	JACKSONVILLE			
		SPRINGFIELD TERRACE	SPRINGFIELD			
		VANDALIA TERRACE	VANDALIA			

В.	Are any costs included in this report which are a result of transactions w	ith re	elated organiza	tions	? This includes rent,
	management fees, purchase of supplies, and so forth.	X	YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership	Organization	Costs (7 minus 4)	
1	V	6	MAINTENANCE CONSULT	\$ 14,026	MAVIN ENTERPRISES, LTD.		\$	\$ (14,026)	
2	V	10	PSYCHO-SOCIAL CONSULT	3,693				(3,693)	
3	\mathbf{V}	11	ACTIVITIES CONSULTANT	3,300				(3,300)	
4	V	19	ADMIN,/BKKP. FEES	59,880				(59,880)	
5	\mathbf{V}	19	ADMIN. CONSULT. FEES	31,080				(31,080)	5
6	V		ELECTRICITY				878	878	6
7	\mathbf{V}	6	MAINTENANCE				8,612	8,612	7
8	V		SCAVENGER				75	75	8
9	\mathbf{V}		PSYCHO-SOCIAL CONSULT				11,871	11,871	9
10	V		ACTIVITIES CONSULT				113	113	10
11	V		ADMIN. SALARIES/MGMT				12,594	12,594	11
12	V		PROFESSIONAL FEES				2,391	2,391	12
13	V	20	ADVERTISING				422	422	13
14	Total			\$ 111,979			\$ 36,956	\$ * (75,023)	14

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Page 6A THE ARC OF JACKSONVILLE, LTD. Facility Name & ID Number 0032938 **Report Period Beginning:** 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

В.	Are any costs included in this report which are a result of transactions with	th rel	ated organizat	tions?	This includes rent,
	management fees, purchase of supplies, and so forth.	X	YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sche	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	i
						Ownership	Organization	Costs (7 minus 4)	
15	V	21	TOTAL OFFICE	\$	MAVIN ENTERPRISES, LTD.	1	\$ 40,141		15
16	V	23	SEMINARS				166	166	16
17	V	24	TRAVEL				15,305	15,305	17
18	V		INSURANCE				1,395	1,395	18
19	V		EMPLOYEE BENEFITS				11,879	11,879	19
20	V		DEPRECIATION (SL)				398	398	20
21	V		OFFICE RENT				7,895	7,895	21
22	V		EQUIPMENT RENT				6,336	6,336	
23	V	17	MGMT FEES - SWS				2,442	2,442	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 85,957	\$ * 85,957	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

		STATE OF ILLINOIS			Ţ	Page 6B
Facility Name & ID Number	THE ARC OF JACKSONVILLE, LTD.	# 0032938	Report Period Beginning:	01/01/2001	Ending:	12/31/2001

VII. RELATED PARTIES (continued)

B.	Are any costs included in this report which are a result of transactions wi	th rel	ated organiza	tions?	This includes rent,
	management fees, purchase of supplies, and so forth.	X	YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	i
					Ü	Ownership	Organization	Costs (7 minus 4)	
15	V	34	RENT	\$ 98,745	IDEA ASSOCIATES	1	\$	\$ (98,745)	15
16	V	30	DEPRECIATION				27,214		
17	V	32	INTEREST				151,587	151,587	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V				<u> processores esta</u>				28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36 37
37	V								38
38	'								
39	Total			\$ 98,745			\$ 178,801	\$ * 80,056	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Page 7 **Report Period Beginning:** 12/31/2001 THE ARC OF JACKSONVILLE, LTD. # 0032938 01/01/2001 **Ending:**

VII. RELATED PARTIES (continued)

Facility Name & ID Number

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5		6	7		8	
						Average Ho	urs Per Work				
					Compensation	Week Dev	oted to this	Compensati	on Included	Schedule V.	
					Received	Facility and	d % of Total	in Costs for this		Line &	
				Ownership	From Other	Work	Work Week		Reporting Period**		
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1									\$		1
2											2
3											3
4					SEE ATTACHED S	CHEDULE					4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

^{*} If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

^{**} This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Page 8 # 0032938 Report Period Beginning: **Facility Name & ID Number** THE ARC OF JACKSONVILLE, LTD. 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which we	re derived from all	ocations of cent	ral office
or parent organization costs? (See instructions.)	YES X	NO	

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization MAVIN ENTERPRISES, LTD. **Street Address** 3845 OAKTON City / State / Zip Code Phone Number SKOKIE, IL 60076

847) 679-0100 Fax Number 847) 679-0647

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	5	ELECTRICITY	PATIENT DAYS	151,711	7	\$ 5,036	\$	26,463	\$ 878	1
2	6	MAINTENANCE	PATIENT DAYS	151,711	7	49,373		26,463	8,612	2
3	7	SCAVENGER	PATIENT DAYS	151,711	7	432		26,463	75	3
4	10	PSYCHO-SOCIAL CONSULT	PATIENT DAYS	151,711	7	68,057		26,463	11,871	4
5	11	ACTIVITIES CONSULT	PATIENT DAYS	151,711	7	646		26,463	113	5
6	17	ADMIN. SALARIES/MGMT	PATIENT DAYS	151,711	7	72,200	72,200	26,463	12,594	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	151,711	7	13,709		26,463	2,391	7
8	20	ADVERTISING	PATIENT DAYS	151,711	7	2,417		26,463	422	8
9	21	TOTAL OFFICE	PATIENT DAYS	151,711	7	230,125	144,338	26,463	40,141	9
10	23	SEMINARS	PATIENT DAYS	151,711	7	950		26,463	166	10
11	24	TRAVEL	PATIENT DAYS	151,711	7	87,742		26,463	15,305	11
12	26	INSURANCE	PATIENT DAYS	151,711	7	8,000		26,463	1,395	12
13	27	EMPLOYEE BENEFITS	PATIENT DAYS	151,711	7	68,102		26,463	11,879	13
14	30	DEPRECIATION (SL)	PATIENT DAYS	151,711	7	2,285		26,463	398	14
15	34	OFFICE RENT	PATIENT DAYS	151,711	7	45,262		26,463	7,895	15
16	35	EQUIPMENT RENT	PATIENT DAYS	151,711	7	36,325		26,463	6,336	16
17	17	MGMT FEES - SWS	PATIENT DAYS	151,711	7	14,000		26,463	2,442	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 704,661	\$ 216,538		\$ 122,913	25

Page 8A # 0032938 Report Period Beginning: Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD. 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	IDEA ASSOCIATES
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	3845 OAKTON
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	SKOKIE, IL 60076
 -	Phone Number (847) 679-0100
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number (847) 679-0647

	1	2	3	4	5	6	7	8	9	T = 1
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1		DEPRECIATION	DIRECT COST	1		\$ 27,214	\$		\$ 27,214	1
2	32	INTEREST	DIRECT COST	1	1	151,587	-	1	151,587	2
3						,			,	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11 12
12										13
14										14
15										14 15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 178,801	\$		\$ 178,801	25

Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD. # 0032938

Report Period Beginning:

01/01/2001 Ending:

Page 9 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5		6	7	8	9	10	
	Name of Lender	Relate	.d**	Dunnage of Lean	Monthly	Data of		A	unt of Note	Maturity Date	Interest Rate	Reporting Period Interest	
	Name of Lender	YES		Purpose of Loan	Payment	Date of Note		Original	Balance	Date			
	A. Directly Facility Related	ILS	NU		Required	Note		Original	Dalance		(4 Digits)	Expense	
	Long-Term	-											
1	RELATED PARTY						\$		S			•	1
2	IDEA					1	J		3			J .	2
3	SUCCESS NATIONAL BANK			MORTGAGE	DEMAND	10/98		1,251,000	1,227,475	10/03	9.5000	151,587	3
4	SUCCESS NATIONAL BANK			WORTGAGE	DEMIAND	10/90		1,231,000	1,227,473	10/03	9.3000	131,307	4
5						1							5
3	Working Capital												
6	SUCCESS NATIONAL BANK	I	X	LINE OF CREDIT	DEMAND	11/07/97		150,000	199,425		10.5000	5,772	6
7	IDEA ASSOCIATES	X	Λ	DEBT CONSOLIDATION	DEMAND	10/18/98		342,411	294,142		9.5000	29,400	7
8	IDEA ASSOCIATES	Λ		DEBT CONSOLIDATION		10/10/70		342,411	274,142		7.3000	27,400	8
-													
9	TOTAL Facility Related						s	1,743,411	\$ 1,721,042			\$ 186,759	9
	B. Non-Facility Related*	-				_	Ψ	1,740,411	1,721,042			100,732	
10	IRS, IDR, ETC		X	LATE FEES			T						10
11	IIII, IDII, ETC		2 %			†							11
12													12
13						1	1						13
15													10
14	TOTAL Non-Facility Related						s	0	s 0			\$ 0	14
							Ė	<u> </u>	·			·	
15	TOTALS (line 9+line14)						\$	1,743,411	\$ 1,721,042			\$ 186,759	15

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
0032938 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD.

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

X. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued) B. Real Estate Taxes

D. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report.	estate tax statement and	5	23,304	+		
•	e the tax year to which this payment applies. If payment co	overs more than one year, de	tail below.)	s	19,641	
3. Under or (over) accrual (line 2 minus line 1).	7 77 11 17	3 2	,	\$	(3,663)	Ť
4. Real Estate Tax accrual used for 2001 report. (I	Detail and explain your calculation of this accrual on the li	nes below.)		\$	23,304	
**	ich has NOT been included in professional fees or other ge copies of invoices to support the cost and a c			e e		
6. Subtract a refund of real estate taxes. You must classified as a real estate tax cost plus one-half of	offset the full amount of any direct appeal costs of any remaining refund.	.,	,			
7. Real Estate Tax expense reported on Schedule V	Tax Year. (Attach a copy of the V, line 33. This should be a combination of lines 3 thru 6.	real estate tax appeal	board's decision.)	\$ \$	19,641	-
		real estate tax appeal	board's decision.)	s s	19,641	
7. Real Estate Tax expense reported on Schedule V	V, line 33. This should be a combination of lines 3 thru 6. 1996 22,697 8	real estate tax appeal	board's decision.) FOR OHF USE ONLY	\$ \$	19,641	
7. Real Estate Tax expense reported on Schedule V	1996 22,697 8 1997 23,428 9 1998 22,987 10	real estate tax appeal	FOR OHF USE ONLY	\$ \$ FOR 2000 \$	19,641	
7. Real Estate Tax expense reported on Schedule V Real Estate Tax History: Real Estate Tax Bill for Calendar Year:	1996 22,697 8 1997 23,428 9 1998 22,987 10 1999 23,304 11 2000 19,641 12		FOR OHF USE ONLY		19,641	
7. Real Estate Tax expense reported on Schedule V Real Estate Tax History:	1996 22,697 8 1997 23,428 9 1998 22,987 10 1999 23,304 11 2000 19,641 12 RUAL IS BASED	13	FOR OHF USE ONLY FROM R. E. TAX STATEMENT F		19,641	

NOTES:

- 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
- 2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.

 This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2	000 LONG TER	M CARE REAL ES	TATE TAX	STATEM	MENT	
FACILITY NAME	THE ARC OF JAC	CKSONVILLE, LTD.	(COUNTY	MORGAN	N .
FACILITY IDPH L	ICENSE NUMBER (0032938				
CONTACT PERSO	N REGARDING THIS	REPORTBOB KAGDA				
TELEPHONE (84	1) 675-3585	FAX	# (847) 675-	5777		
	Real Estate Tax Cos		(01/) 0/0			
home property entered in Col	which is vacant, renter umn D. Do not include	te nursing home in Column le d to other organizations, or use cost for any period other th	ised for purposes	other than l 200(are must not t
1	(A)	(B)		(C)		(D) <u>Tax</u> Applicable to
Tay Ind	ex Numbei	D (D) (
Tax III	CATIUMDO	Property Description	-	Total Tax		Nursing Home
		NURSING HOME	-	19,641.48		19,641.48
1. 09-29-103-013	3 1		s			
1. <u>09-29-103-013</u> 2.	3 1	NURSING HOME	\$ \$		\$_ \$_	
1. <u>09-29-103-013</u> 2. 3.	3 1	NURSING HOME		19,641.48	\$_ \$_	19,641.48
1. 09-29-103-013 2. 3. 4.	3 1	NURSING HOME	\$\$ \$\$ \$	19,641.48	\$_ \$_ \$_ \$_	19,641.48
1. 09-29-103-01: 2. 3. 4. 5.	3 1	NURSING HOME	sssssss	19,641.48	\$_ \$_ \$_ \$_	19,641.48
1. 09-29-103-01: 2. 3. 4. 5. 6.	3 2	NURSING HOME	S S S S S S S S S S S S S S S S S S S	19,641.48	\$_ \$_ \$_ \$_ \$_ \$_	19,641.48
1. 09-29-103-01: 2. 3. 4. 5. 6. 7.	3 1	NURSING HOME	S S S S S S S S S S S S S S S S S S S	19,641.48	\$_ \$_ \$_ \$_ \$_ \$_	19,641.48
1. <u>09-29-103-01:</u> 2. 3. 4. 5. 6. 7. 8.	3 1	NURSING HOME	S S S S S S S S S S S S S S S S S S S	19,641.48	\$_ \$_ \$_ \$_ \$_ \$_	19,641.48

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services. YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

 $Attach\ a\ copy\ of\ the\ 2000\ tax\ bills\ which\ were\ listed\ in\ Section\ A\ to\ this\ statement.\ Be\ sure\ to\ use\ the\ 2000\ tax\ bill\ which\ is\ normally\ paid\ during\ 2001.$

Page 10A

TOTALS \$ 19,641.48 \$ 19,641.48

	ity Name & ID Number THE ARC C UILDING AND GENERAL INFORM			# 0032938 Report Period Begin	nning: 01/01/2001 Ending: 12/31/2001
A.	Square Feet:	0 B. General Construction Type:	Exterior	Frame	Number of Stories
C.	Does the Operating Entity?	(a) Own the Facility	X (b) Rent from a Relate	_	(c) Rent from Completely Unrelated Organization.
	(Facilities checking (a) or (b) must	complete Schedule XI. Those checking (c	e) may complete Schedule XI or	Schedule A11-A. See instructions.)	
D.	Does the Operating Entity?	X (a) Own the Equipment	(b) Rent equipment from	om a Related Organization.	(c) Rent equipment from Completely Unrelated Organization.
	(Facilities checking (a) or (b) must	complete Schedule XI-C. Those checking	g (c) may complete Schedule XI	C or Schedule XII-B. See instruction	
Е.	(such as, but not limited to, apartm	ed by this operating entity or related to the lents, assisted living facilities, day trainin square footage, and number of beds/units	g facilities, day care, independe		
F.	Does this cost report reflect any org If so, please complete the following	ganization or pre-operating costs which a	are being amortized?	YES	X NO
1.	. Total Amount Incurred:		2. Num	ber of Years Over Which it is Being	Amortized:
3.	Current Period Amortization:		4. Date	s Incurred:	
		Nature of Costs: (Attach a complete schedule deta	ailing the total amount of organ	ization and pre-operating costs.)	
XI. C	OWNERSHIP COSTS:		•		
	A. Land.	l Use	2 Square Feet Ye	ar Acquired Cost	

3 TOTALS

STATE OF ILLINOIS

1987 \$

15,700

15,700

Page 11

Page 12 12/31/2001 STATE OF ILLINOIS 01/01/2001 Ending: 0032938 **Report Period Beginning:**

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	g Depreciation-including Fixed Equipme	2	3		4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year			Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed		Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4	93		1987		\$	857,227	\$ 27,214	31.5	\$ 27,214	\$	\$ 300,007	4
5												5
6												6
7												7
8												8
	Improv	ement Type**										
9	VARIOUS			1987		2,634	84	20	131	47	1,566	9
	VARIOUS			1990		20,488	650	20	1,025	375	11,908	10
	VARIOUS			1991		4,446	141	20	222	81	2,424	11
	VARIOUS			1992		14,187	450	20	709	259	6,727	12
	VARIOUS			1995		2,421	62	20	121	59	813	13
	HEATER CO	/ERS		1996		1,250	33	20	63	30	305	14
	FLOOR TILE			1996		1,128	28	20	56	28	295	15
	SMOKE DETI			1996		929	23	20	46	23	274	16
	TELEPHONE			1996		6,842	176	20	342	166	1,480	17
	FLOOR TILE			1996		1,946	50	20	97	47	481	18
	FLOOR TILE			1997		1,028	26	20	51	25	255	19
	AIR HANDLE			1997		3,725	95	20	186	91	881	20
	CONDENSOR			1997		4,481	115	20	224	109	1,380	21
	TILE			1997		3,410	88	20	170	82	757	22
	DECORATING	ur en		1997 1997		3,406	87 82	20 20	170 159	83 77	773 824	23 24
25	FENCE TILING			1997		3,180 2,740	70	20	137	67	571	25
26	SPRINKLER (COMP		1997		825	21	20	41	20	167	26
27		SLAB APPROACH		1999		4,000	103	20	200	97	600	27
		SIDENT CALL LIGHT SYSTEM		2000		16,698	607	27.5	607	71	909	28
		R, INSTALLED DOWNSPOUT & GUTTER		2000	-	9,990	363	27.5	363		548	29
	INSTALLED			2000		3,633	132	27.5	132		199	30
	AIR CONDIT			2000		1.477	55	27.5	55		80	31
		ARDS, CAPS, HANDRAILS,BORDER TAGS	<u> </u>	2000		10,952	398	27.5	398		600	32
		OMATIC SPRINKLER SYSTEM		2000		3,422	124	27.5	124		183	33
		HALL,COMPRESSOR FOR SPRINKLER S	YSTEM	2001		1,621	30	27.5	30		30	34
		EQUIPMENT FOR C-HALL		2001		3,168	58	27.5	58		58	35
		TWO CAMERA'S, AIR CONDITIONED	RS	2001		2,244	41	27.5	41		41	36

^{*}Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

01/01/2001 Ending: Page 12A 12/31/2001

Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD. 0032938 **Report Period Beginning:**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

B. Building Depreciation-Including Fixed Equipment. (See instr	3	4	5	6	7	8	9	$\overline{}$
-	Year	-	Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41							1	41
42							1	42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51 52								51 52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66 67
67								68
69								69
		\$ 993,498	\$ 31,406		\$ 33,172	\$ 1,766	\$ 335,136	70
70 TOTAL (lines 4 thru 69)		D 223,498	J 31,400		Jo 33,1/2	D 1,700	D 333,130	/0

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

STAT	T OF	' TT T	INO	TC
SIAI	F. ()F	1111		16

Page 13 Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD. 0032938 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	1	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 33,782	\$ 2,125	\$ 1,946	\$ (179)	8-10	\$ 24,778	71
72	Current Year Purchases	3,488	63	175	112	10	175	72
73	Fully Depreciated Assets	2,817			0		2,817	73
74	MAVIN ALLOCATION		398	398	0			74
75	TOTALS	\$ 40,087	\$ 2,586	\$ 2,519	\$ (67)		\$ 27,770	75

D. Vehicle Depreciation (See instructions.)*

	1	Model, Make	Year	4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76	FACILITY BUSINESS	1986 FORD TRUCK	1996	\$ 2,300	\$ 133	\$	\$ (133)		\$ 2,300	76
77							0			77
78							0			78
79							0			79
80	TOTALS			\$ 2,300	\$ 133	\$ 0	\$ (133)		\$ 2,300	80

E. Summary of Care-Related Assets

	E. Summary of Care-Related Assets	1	2		
		Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,051,585	81]
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 34,125	82]
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 35,691	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 1,566	84]
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 365,206	85]

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1	2	Current Book	Accumulated	
	Description & Year Acquired	Cost	Depreciation 3	Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

^{**} This must agree with Schedule V line 30, column 8.

							STA	TE OF ILLINOIS	S						Page 14
Faci	lity Name & II) Number	THE ARC C	OF JACKSONVIL	LE, LTD.		#	0032938		Report F	Period Be	ginning:	01/01/2001	Ending:	12/31/2001
XII.	 Name of F Does the f 	nd Fixed Equ Party Holding	y real estate taxes	uctions.) s in addition to rei	ntal amount s	hown below or	ı line 7,	column 4? YES]NO						
		1	2	3		4		5		6					
		Year	Numb			Rental		Total Years	Total						
	0	Constructo	ed of Be	ds Lease		Amount		of Lease	Renewal	Option*		10 Fee 4	1 / 6		
2	Original Building:				•						3		dates of currer		ment:
3	Additions				3						4	Ending			
5	raditions				-					_	5	Linuing			
6										_	6	11. Rent to be	e paid in future	e years under t	he current
7	TOTAL				\$						7	rental agr	eement:		
	This amou	unt was calcul ngth of the lea _	ated by dividing t	expense included the total amount to 				*				Fiscal Year 12. 13. 14.	/2002 /2003 /2004	Annual R \$ \$ \$ \$	ent
	B. Equipment 15. Is Moval	t-Excluding T ble equipment mount for mo	rental included i ovable equipment	d Fixed Equipmen n building rental? : \$ 1,833	t. (See instru	ctions.) Description:	SEE	YES X SCHEDULE AT (Attach a schedu		the breakd	lown of n	novable equipme	nt)		
	1	mtai (See mst	2		3			4		7					
			Model Yea		Monthly I	Lease		Rental Expense							
15	Use		and Make		Payme	nt	0	for this Period		4			is an option to		
17	FACILITY	-	1997 FORD WAG	JUN \$	341.00		\$	4,096	17 18			please p schedul	rovide comple	te details on at	tached
19									19			Scheuur	c.		
20									20			** This am	ount plus any	amortization o	of lease
21	TOTAL			\$	341.00		\$	4,096	21			expense	must agree wi	th page 4, line	34.

		STATE OF ILLINOIS				Page 15
Facility Name & ID Number	THE ARC OF JACKSONVILLE, LTD.	#	0032938	Report Period Beginning:	01/01/2001 Ending:	12/31/2001
XIII. EXPENSES RELATING TO	NURSE AIDE TRAINING PROGRAMS (See instruction	ons.)				
A. TYPE OF TRAINING PR	OGRAM (If aides are trained in another facility progran	n, attach a schedule listing the faci	lity name, add	lress and cost per aide trained i	n that facility.)	
4 11 11 11 11 11 11 11 11 11 11 11 11 11	ND ANDES OF A STATE	COROLL BORTION			DETON.	

1. HAVE YOU TRAINED AIDES	YES	2. CLASSROOM PORTION:	 3.	CLINICAL PORTION:	
DURING THIS REPORT PERIOD?	X NO	IN-HOUSE PROGRAM		IN-HOUSE PROGRAM	
		IN OTHER FACILITY		IN OTHER FACILITY	
If "yes", please complete the remainder of this schedule. If "no", provide an		COMMUNITY COLLEGE		HOURS PER AIDE	
explanation as to why this training was not necessary.		HOURS PER AIDE			
THE FACILITY HIRES ONLY CERTIFIED I	NURSES AIDES				

B. EXPENSES

ALLOCATION OF COSTS (d)

2 3

				Fac	ility				
			Drop-ou	ıts	Completed	Contra	ct	r	Total
1	Community College Tuition		\$	0	\$	\$		\$	0
2	Books and Supplies								0
3	Classroom Wages	(a)							0
	Clinical Wages	(b)							0
5	In-House Trainer Wages	(c)							0
6	Transportation								0
7	Contractual Payments								0
8	Nurse Aide Competency Tests								0
9	TOTALS		\$	0	\$ 0	\$	0	\$	0
10	SUM OF line 9, col. 1 and 2	(e)	\$	0					·

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$		

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Page 16 01/01/2001 Ending: 12/31/2001

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
		Schedule V	Staf	f	Outsid	e Practitioner	Supplies			
	Service	Line & Column	Units of	Cost	(other th	nan consultant)	(Actual or)	Total Units	Total Cost	
		Reference	Service		Units	Cost	Allocated)	(Column 2 + 4)	(Col. $3 + 5 + 6$)	
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
	Licensed Speech and Language									
2	Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
			# of							
9	Pharmacy		prescrpts							9
	Psychological Services									
	(Evaluation and Diagnosis/									
10	Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

0032938 Report Period Beginning: 01/01/2001

As of 12/31/2001 (last day of reporting year)

This report must be completed even if financial statements are attached.

	•	1	_		After	
		0	perating	Cons	olidation*	
	A. Current Assets			T-		
1	Cash on Hand and in Banks	\$	740	\$		1
2	Cash-Patient Deposits					2
_	Accounts & Short-Term Notes Receivable-					
3	Patients (less allowance)		447,560			3
4	Supply Inventory (priced at)					4
5	Short-Term Investments					5
6	Prepaid Insurance		45,933			6
7	Other Prepaid Expenses		74			7
8	Accounts Receivable (owners or related parties)		1,243,181			8
9	Other(specify): Real Estate Escrow Deposit		25,997			9
	TOTAL Current Assets					
10	(sum of lines 1 thru 9)	\$	1,763,485	\$	0	10
	B. Long-Term Assets					
11	Long-Term Notes Receivable					11
12	Long-Term Investments					12
13	Land					13
14	Buildings, at Historical Cost					14
15	Leasehold Improvements, at Historical Cost		136,270			15
16	Equipment, at Historical Cost		41,879			16
17	Accumulated Depreciation (book methods)		(62,871)			17
18	Deferred Charges					18
19	Organization & Pre-Operating Costs					19
	Accumulated Amortization -					
20	Organization & Pre-Operating Costs					20
21	Restricted Funds					21
22	Other Long-Term Assets (specify):					22
23	Other(specify):					23
	TOTAL Long-Term Assets					
24	(sum of lines 11 thru 23)	\$	115,278	\$	0	24
	TOTAL ASSETS					
25	(sum of lines 10 and 24)	\$	1,878,763	\$	0	25

		1 0	perating	2 Z Cons		
	C. Current Liabilities					
26	Accounts Payable	\$	297,759	\$		26
27	Officer's Accounts Payable					27
28	Accounts Payable-Patient Deposits					28
29	Short-Term Notes Payable		937,410			29
30	Accrued Salaries Payable		40,058			30
	Accrued Taxes Payable					
31	(excluding real estate taxes)		2,305			31
32	Accrued Real Estate Taxes(Sch.IX-B)		23,304			32
33	Accrued Interest Payable					33
34	Deferred Compensation					34
35	Federal and State Income Taxes					35
	Other Current Liabilities(specify):					
36						36
37						37
	TOTAL Current Liabilities					
38	(sum of lines 26 thru 37)	\$	1,300,836	\$	0	38
	D. Long-Term Liabilities					
39	Long-Term Notes Payable					39
40	Mortgage Payable					40
41	Bonds Payable					41
42	Deferred Compensation					42
	Other Long-Term Liabilities(specify):					
43						43
44						44
	TOTAL Long-Term Liabilities					
45	(sum of lines 39 thru 44)	\$	0	\$	0	45
	TOTAL LIABILITIES					
46	(sum of lines 38 and 45)	\$	1,300,836	\$	0	46
47	TOTAL EQUITY(page 18, line 24)	\$	577,927	\$		47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	, \$	1,878,763	\$	0	48

Page 17

12/31/2001

Ending:

*(See instructions.)

18

19

23 TOTAL Transfers (sum of lines 18-22)

24 BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)

Report Period Beginning: 01/01/2001

Ending:

12/31/2001

Page 18

0032938 XVI. STATEMENT OF CHANGES IN EQUITY Total Balance at Beginning of Year, as Previously Reported 457,916 Restatements (describe): **ROUNDING** 3 3 4 5 6 Balance at Beginning of Year, as Restated (sum of lines 1-5) 457,919 6 A. Additions (deductions): 7 NET Income (Loss) (from page 19, line 43) 120,200 **8** Aguisitions of Pooled Companies 8 Proceeds from Sale of Stock 10 Stock Options Exercised 10 11 Contributions and Grants 11 12 Expenditures for Specific Purposes 12 13 Dividends Paid or Other Distributions to Owners 13 14 Donated Property, Plant, and Equipment 14 15 Other (describe) TREASURY STOCK 15 (192)16 Other (describe) 16 17 TOTAL Additions (deductions) (sum of lines 7-16) 120,008 17 B. Transfers (Itemize):

577,927

18 19

24

^{*} This must agree with page 17, line 47.

Page 19

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			

		1				
	Revenue		Amount			
	A. Inpatient Care					
1	Gross Revenue All Levels of Care	\$	1,872,097	1		
2	Discounts and Allowances for all Levels	()	2		
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$	1,872,097	3		
	B. Ancillary Revenue					
4	Day Care			4		
5	Other Care for Outpatients			5		
6	Therapy			6		
7	Oxygen			7		
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	0	8		
	C. Other Operating Revenue					
9	Payments for Education			9		
10	Other Government Grants			10		
11	Nurses Aide Training Reimbursements			11		
12	Gift and Coffee Shop			12		
13	Barber and Beauty Care			13		
14	Non-Patient Meals			14		
15	Telephone, Television and Radio			15		
16	Rental of Facility Space			16		
17	Sale of Drugs			17		
18	Sale of Supplies to Non-Patients			18		
19	Laboratory			19		
20	Radiology and X-Ray			20		
21	Other Medical Services			21		
22	Laundry			22		
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	0	23		
	D. Non-Operating Revenue					
24	Contributions			24		
25	Interest and Other Investment Income***			25		
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	0	26		
	E. Other Revenue (specify):****					
27	Settlement Income (Insurance, Legal, Etc.)			27		
28	- ,			28		
28a				28a		
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	0	29		
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$	1,872,097	30		

	, against expense.	2	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	420,194	31
32	Health Care	726,128	32
33	General Administration	388,658	33
	B. Capital Expense		
34	Ownership	166,000	34
	C. Ancillary Expense		
35	Special Cost Centers	0	35
36	Provider Participation Fee	50,917	36
	D. Other Expenses (specify):		
37	• • • • • • • • • • • • • • • • • • • •		37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 1,751,897	40
41	Income before Income Taxes (line 30 minus line 40)**	120,200	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 120,200	43

*	This must	agree with	page 4,	line 45,	column 4.
---	-----------	------------	---------	----------	-----------

**	Does this agree with taxable in	come (loss) per Federal Income
	Tax Return?	If not, please attach a reconciliation.

^{***} See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

^{****}Provide a detailed breakdown of "Other Revenue" on an attached sheet.

0032938

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)
1 2**

1 2** 3 4

Morked Paid and Accrued Wages Wage Wage Wage		,	1	Z""	3	4	
Director of Nursing			# of Hrs.	# of Hrs.	Reporting Period	Average	
Director of Nursing							
2 Assistant Director of Nursing 2 3 Registered Nurses 2,667 2,919 45,740 15.67 3 4 Licensed Practical Nurses 12,196 12,787 162,909 12.74 4 5 Nurse Aides & Orderlies 27,237 28,547 252,642 8.85 5 6 Nurse Aide Trainees 6 7 Licensed Therapist 7 7 8 Rehab/Therapy Aides 8 8 9 Activity Director 9 10 Activity Director 9 10 Activity Assistants 4,159 4,308 33,600 7.80 10 11 Social Service Workers 7,664 8,038 79,983 9.95 11 12 Dictician 12 Dictician 12 13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6,57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22,98 20 21 Assistant Administrator 2,008 2,098 48,216 22,98 20 22 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 26 Academic Instruction 26 Academic Instruction 27 28 Qualified MR Prof. (QMRP) 28 28 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 31 32 Other (Health Care(specify) 3,888 4,213 60,733 14,42 33 30 Other (specify) SEE ATTACHED 3,888 4,213 60,733 14,42 33 30 30 30 30 30 30 3							
3 Registered Nurses			2,032	2,111	\$ 42,746	\$ 20.25	
Licensed Practical Nurses 12,196 12,787 162,909 12.74 4							
5 Nurse Aides & Orderlies 27,237 28,547 252,642 8.85 5 6 Nurse Aide Trainees 6 6 7 Licensed Therapist 7 8 Rehab/Therapy Aides 8 8 9 Activity Director 9 10 Activity Assistants 4,159 4,308 33,600 7.80 10 11 Social Service Workers 7,664 8,038 79,983 9.95 11 12 Dietician 0 12 13 Food Service Supervisor 13 14 Head Cook 14 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 15 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6,57 18 19 Laundry 3,401 3,612 22,864 6,33 19 20 Administrator 2,008 2,098 48,21							
6 Nurse Aide Trainees 6 7 Licensed Therapist 7 8 Rehab/Therapy Aides 8 9 Activity Director 9 10 Activity Assistants 4,159 4,308 33,600 7.80 10 11 Social Service Workers 7,664 8,038 79,983 9.95 11 12 Dictician 12 12 13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrative 22 23 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>· ·</td><td></td></td<>						· ·	
7 Licensed Therapy Aides 8 9 Activity Director 9 10 Activity Assistants 4,159 4,308 33,600 7.80 10 11 Social Service Workers 7,664 8,038 79,983 9.95 11 12 Dietician 12 12 13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 15 16 Dishwashers 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 2,008 2,098 48,216 22.98 20 22 Of	5	Nurse Aides & Orderlies	27,237	28,547	252,642	8.85	
8 Rehab/Therapy Aides 8 9 Activity Director 9 10 Activity Assistants 4,159 4,308 33,600 7.80 10 11 Social Service Workers 7,664 8,038 79,983 9.95 11 12 Dietician 12 13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,998 48,216 22.98 20 21 Assistant Administrative 22 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24							
9 Activity Director 9	7						
10 Activity Assistants	_						
11 Social Service Workers 7,664 8,038 79,983 9.95 11 12 Dietician 12 Dietician 13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 Other Administrative 22 Office Manager 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 Academic Instruction 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) SEE ATTACHED 3,888 4,213 60,733 14,42 33	_						9
12 Dietician 12 13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 Other Administrative 22 3 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 Academic Instruction 27 28 Qualified MR Prof. (QMRP) 28 Resident Services Coordinator 30 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33				,			
13 Food Service Supervisor 13 14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 23 Office Manager 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 26 Academic Instruction 26 Academic Instruction 26 Academic Instruction 27 Medical Director 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 31 Medical Records 31 Medical Records 32 Other Health Care(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33			7,664	8,038	79,983	9.95	
14 Head Cook 14 15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 23 Office Manager 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 Academic Instruction 26 Medical Director 27 Medical Director 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33							
15 Cook Helpers/Assistants 10,270 10,442 73,718 7.06 15 16 Dishwashers	13	Food Service Supervisor					13
16 Dishwashers 16 17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,998 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 23 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 Vocational Instruction 25 26 Academic Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other (specify) SEE ATTACHED	14	Head Cook					14
17 Maintenance Workers 3,497 3,748 39,876 10.64 17 18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	15	Cook Helpers/Assistants	10,270	10,442	73,718	7.06	15
18 Housekeepers 8,165 8,507 55,889 6.57 18 19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 22 23 24 22 22 23 24 22 23 24 22 23 24 25 26 26 27 26 26 27 26 27 26 27 27 28 28 29 28 29 28 29 28 29 28 29 28 29	16	Dishwashers					16
19 Laundry 3,401 3,612 22,864 6.33 19 20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	17	Maintenance Workers	3,497	3,748	39,876	10.64	17
20 Administrator 2,008 2,098 48,216 22.98 20 21 Assistant Administrator 21 22 Other Administrative 22 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33				8,507	55,889	6.57	18
21 Assistant Administrator 21 22 Other Administrative 22 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 30 31 Medical Records 31 31 31 32 32 33 34 <td< td=""><td>19</td><td>Laundry</td><td>3,401</td><td>3,612</td><td>22,864</td><td>6.33</td><td>19</td></td<>	19	Laundry	3,401	3,612	22,864	6.33	19
22 Other Administrative 22 23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 26 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 31 31 32 32 33 34 <t< td=""><td>20</td><td>Administrator</td><td>2,008</td><td>2,098</td><td>48,216</td><td>22.98</td><td>20</td></t<>	20	Administrator	2,008	2,098	48,216	22.98	20
23 Office Manager 23 24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	21	Assistant Administrator					21
24 Clerical 4,558 4,907 34,987 7.13 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) 3888 4,213 60,733 14.42 33							22
25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	23	Office Manager					23
26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33			4,558	4,907	34,987	7.13	
27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	25	Vocational Instruction					25
28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) 32 34 Other(specify) 32 35 Other(specify) 32 36 Other(specify) 32 37 Other(specify) 32 38 Other(specify) 32							26
29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) 32 30 14.42 33	27	Medical Director					27
29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33							28
31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33							29
31 Medical Records 31 32 Other Health Care(specify) 32 33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	30	Habilitation Aides (DD Homes)					30
33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33							31
33 Other(specify) SEE ATTACHED 3,888 4,213 60,733 14.42 33	32	Other Health Care(specify)					32
34 TOTAL (lines 1 - 33) 91,742 96,237 \$ 953,903 * \$ 9.91 34			3,888	4,213	60,733	14.42	
	34	TOTAL (lines 1 - 33)	91,742	96,237	s 953,903 *	\$ 9.91	34

^{*} This total must agree with page 4, column 1, line 45.

B. CONSULTANT SERVICES

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant	M	\$ 6,024	1-3	35
36	Medical Director	0	14,750	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	631	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant		0	10a-3	43
44	Activity Consultant	F	3,300	11-3	44
45	Social Service Consultant	E	0	12-3	45
46	Other(specify)	E			46
47	PSYCHO-SOCIAL CONSULTANT	S	8,973	10-3	47
48					48
49	TOTAL (lines 35 - 48)		\$ 33,678		49

C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

^{**} See instructions.

Facility Name & ID Number THE ARC OF JACKSONVILLE, LTD.

STATE OF ILLINOIS # 0032938 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

A. Administrative Salaries	Owners	hip		D. Employee Benefits and Pay				F. Dues, Fees, Subscriptions and Promot	ions	
Name	Function %		Amount	Descripti			Amount	Description		Amount
KELLY MATHIS	ADMIN 0	\$	36,137	Workers' Compensation Insur		\$_	21,525	IDPH License Fee	\$_	200
BOBI SMITH	ADMIN 0		12,079	Unemployment Compensation	Insurance	_	13,283	Advertising: Employee Recruitment	_	4,732
				FICA Taxes		_	73,161	Health Care Worker Background Check	_	528
				Employee Health Insurance		_	14,082	(Indicate # of checks performed) _	
				Employee Meals		_	6,826	MARKETING/ADV/PROMO	_	3,241
				Illinois Municipal Retirement		_		MGMT CO ALLOCATION	_	422
				EMPLOYEE BENEFITS - OT		_	2,596	CONTRIBUTIONS	_	2,600
TOTAL (agree to Schedule V, line				EMPLOYEE PHYSICAL EX		_	0	DUES & SUBSCRIPTIONS	_	3,808
(List each licensed administrator se	eparately.)	\$	48,216	PENSION/PROFIT SHARING	G PLANS	_	0	LICENSES & PERMITS	_	128
B. Administrative - Other				CHICAGO HEAD TAX		_	0	TRUST FEES/CONTRIBUTIONS		(2,600)
				INSURANCE - EXECUTIVE	LIFE	_	0	Less: Public Relations Expense	(_	
Description			Amount			_		Non-allowable advertising		(3,241)
		\$	0	INSURANCE - EXECUTIVE	LIFE VI 21	_	0	Yellow page advertising	_ (_)
		·		TOTAL (agree to Schedule V. line 22, col.8)		\$_	131,473	TOTAL (agree to Sch. V, line 20, col. 8)	\$_	9,818
TOTAL (agree to Schedule V, line	17, col. 3)	\$		E. Schedule of Non-Cash Com	pensation Paid			G. Schedule of Travel and Seminar**		
(Attach a copy of any management	service agreement)	-		to Owners or Employees						
C. Professional Services								Description		Amount
Vendor/Payee	Type		Amount	Description	Line #		Amount			
KRUPNICK, BOKOR	ACCOUNTING FEES	\$				\$		Out-of-State Travel	\$	
SUCCESS NATIONAL BANK	AUDIT		1,225			_			_	
GARY A. WEINTRAUB	LEGAL FEES		6,275			_			_	
EDDIE CARPENTER	LEGAL FEES		537			_		In-State Travel	_	
ACE TAX & LEGAL CONSULT	LEGAL FEES		750			_			_	1,004
PERSONNEL PLANNERS	UC CONSULTANT		953			_		MGMT CO ALLOCATION	_	15,305
NURSING CARE SYSTEM	DATA PROCESSING		4,416			_			_	
ALPHA DATA SERVICES	DATA PROCESSING		2,197			_		Seminar Expense	_	
MEVIN ENTERPRISES	BOOKKEEPING/ADMIN	<u>. </u>	59,880			_			_	0
MEVIN ENTERPRISES	ADMIN. CONSULTANT		31,080						_	
MID AMERICA PROGRAM	DATA PROCESSING	_ :	1,320			_				
								Entertainment Expense	()
									_ ` _	
TOTAL (agree to Schedule V, line (If total legal fees exceed \$2500 atta			116,533	TOTAL		\$_		(agree to Sch. V, TOTAL line 24, col. 8)	- ` -	16,309

^{*} Attach copy of IMRF notifications

^{**}See instructions.

Page 22 12/31/2001 **Report Period Beginning:** 01/01/2001 **Ending:**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
		Month & Year						Amount of	Expense Amor	tized Per Year			
	Improvement	Improvement	Total Cost	Useful									
	Type	Was Made		Life	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11							N/A						
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

			OF ILLINOIS				Page 23
	y Name & ID Number THE ARC OF JACKSONVILLE, LTD.	#	0032938	Report Period Beginning:	01/01/2001	Ending:	12/31/2001
	ENERAL INFORMATION:	(4.0)	**				
(1)	Are nursing employees (RN,LPN,NA) represented by a union? NO	(13)	the Department o	supplies and services which are of the Public Aid, in addition to the daily in	rate, been prope	rly classified	
(2)	Are there any dues to nursing home associations included on the cost report? YES If YES, give association name and amount. IL COUNCIL LONG TERM CARE \$3361	(14)	•	ection of Schedule V? YES			C
(3)	Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES	(14)	the patient census is a portion of the	building used for any function other listed on page 2, Section B? NO building used for rental, a pharmacy explains how all related costs were a	, day care, etc.)	For example If YES, attack	e,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity?	(15)	Indicate the cost on Schedule V. related costs?		assified to employ meal income be the amount. \$	oeen offset ag	
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period? YES 10 YR	(16)	Travel and Transpa. Are there costs	portation included for out-of-state travel?	NO		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ Line 10-2		If YES, attach	a complete explanation. separate contract with the Departmer	nt to provide me		
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.		c. What percent o	g this reporting period. \$ f all travel expense relates to transpo sage logs been maintained? NO			
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.		e. Are all vehicles times when not	s stored at the nursing home during th			
(9)	Are you presently operating under a sublease agreement? YES X N	О	out of the cost				NO
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facili IDPH license number of this related party and the date the present owners took over.	ty,	Indicate the	amount of income earned from ponduring this reporting period.	providing sucl		
		(17)	Has an audit been Firm Name:	performed by an independent certifi	ed public accou	nting firm? The instruct	
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 50,917 This amount is to be recorded on line 42 of Schedule V.		been attached?	e that a copy of this audit be included If no, please explain.			
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.		out of Schedule V		-		
		(19)	performed been a	are in excess of \$2500, have legal intrached to this cost report? YES and a summary of services for all arch		•	ices

COST CENTER EXPENSES PAGE 3 COL	UMN 3 OTHE	R				
SCHED REF		TOTAL	LINE	SCHED R	F	TOTAL
DIETARY			10	NURSING		
DIETITIAN CONSULTANT XVIII B 35-2	6,024			CONTRACT NURSING XVIII C 53	-2	
REPAIRS & MAINTENANCE	0			LABORATORY & XRAY EXPENSE	0	Ī
	0	6,024		PURCHASED SERVICES	0	Ī
HOUSEKEEPING		<u> </u>		PSYCHO-SOCIAL CONSULTANT XVIII B _	-2 8,973	Ī
	0			RESTORATIVE NURSING CONSULTAN XVIII B 38	-2 0	
	0	0		MEDICAL RECORDS CONSULTANT XVIII B 37	-2 0	1
LAUNDRY				PHARMACY CONSULTANT XVIII B 39	-2 631	
EQUIPMENT REPAIRS & MAINTENANCE	0			UTILIZATION REVIEW FEES XVIII B _	-2 0	
	0	0		PHYSICIANS XVIII B _	-2 0]
HEAT & OTHER UTILITIES				PSYCHIATRIC XVIII B _	-2 0]
GAS HEAT	7,058			RN CONSULTANT XVIII B 38	-2 0]
ELECTRICITY	27,476				0	
WATER	8,268				0	9,604
CABLE TV - LOBBY	513		10a	THERAPY		
	0	43,315		PHYSICAL THERAPY SERVICES	0]
MAINTENANCE				SPEECH THERAPY SERVICES	0	<u> </u>
GROUNDS MAINTENANCE	1,420			OCCUPATIONAL THERAPY SERVICES	0	<u> </u>
PAINTING & DECORATING	813			REHABILITATION CONSULTANT XVIII B _	-2 0	1
BUILDING REPAIRS	0			PHYSICAL THERAPY CONSULTANT XVIII B 40	-2 0	1
MAINTENANCE CONSULTANT	14,026			OCCUPATIONAL THERAPY CONSULTAXVIII B 4		1
EQUIPMENT MAINTENANCE & REPAIR	244			RESPIRATORY THERAPY CONSULTAN XVIII B 42		
ELEVATOR MAINTENANCE & REPAIR	0			SPEECH THERAPY CONSULTANT XVIII B 43	-2 0	0
OUTSIDE LABOR	0		11	ACTIVITIES		ļ
EXTERMINATING SERVICE	3,236			CABLE TV - PATIENT ROOMS	0	1
FIRE SERVICE	3,744			ACTIVITY REHAB CONSULTANT XVIII B 44	-2 3,300	
	0				0	3,300
	0	1	12	SOCIAL SERVICES		ļ
	0	23,483		SOCIAL REHABILITATION SERVICES	0	1
OTHER				SOCIAL REHABILITATION CONSULTAN XVIII B 45		1
SCAVENGER	5,569	-		SOCIAL WORKER XVIII B 45	-2 0	ļ
SECURITY SERVICE	0	5,569			0	0
MEDICAL DIRECTOR		-	13	NURSE AIDE TRAINING		_
MEDICAL DIRECTOR FEES XVIII B 36-2	14,750	14,750		NURSE AIDE TRAINING COSTS	O III	0

`	V.COST CENTER EXPENSES	ONVILLE, LTI PAGE 3 COL			0032938	Report Period Beginning: 01/01/2001		Ending:	12/31/2001
		SCHED REF	UWIN 3 OTH	TOTAL	LINE	= 90	CHED REF		TOTAL
Г	PROGRAM TRANSPORTATION	SCHED KEI		TOTAL	22	EMPLOYEE BENEFITS & PAYROLL TAXES	JIILD KLI		TOTAL
ľ	PATIENT TRANSPORTATION		120	120	22	FICA TAXES	XIX D	73,16	1
_	TAILENT INGIOCHATION		120	120		UNEMPLOYMENT COMPENSATION	XIX D	1	
t	ADMINISTRATIVE					WORKERS COMPENSATION INSURANC	XIX D		
f	MANAGEMENT FEES	XIX B	0	0		HOSPITALIZATION INSURANCE	XIX D		
l	DIRECTORS FEES		0	0		EMPLOYEE BENEFITS - OTHER	XIX D		
Ī	PROFESSIONAL SERVICES					EMPLOYEE PHYSICAL EXAMS	XIX D		0
	DATA PROCESSING	XIX C	7,933				/I 21/XIX D		0
	ADMINISTRATIVE CONSULTANTS	XIX C	31,080			PENSION/PROFIT SHARING PLANS	XIX D		0
	PROFESSIONAL FEES	XIX C	17,640			CHICAGO HEAD TAX	XIX D		0 124,647
	BOOKKEEPING/ADMINISTRATIVE SERVICES		59,880	116,533	23	INSERVICE TRAINING & EDUCATION			
Ī	FEES,SUBSCRIPTIONS,PROMOTIONS					EDUCATION & SEMINARS		87	7 87
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0						
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	3,241		24	TRAVEL & SEMINARS			
	EMPLOYEE WANT ADS	XIX F	4,732			EDUCATION & SEMINARS	XIX G		0
	CONTRIBUTIONS	VI 20 XIX F	50			TRAVEL	XIX G	1,00	4
	DUES & SUBSCRIPTIONS	XIX F	3,808						0
	LICENSES & PERMITS	XIX F	328						0 1,004
	PUBLIC RELATIONS-PATIENT RELATED	XIX F	0		25	ADMIN. STAFF TRANSPORTATION			
	ADVERTISING-YELLOW PAGES	VI 28 XIX F	0			TRANSPORTATION - STAFF		6,84	6,846
	TRUST FEES / FRANCHISE TAX / ETC	VI 17 XIX F	0						
	CONTRIBUTIONS - POLITICAL	VI 20 XIX F	2,550		26	INSURANCE - PROP. LIAB & MALPRACTICE	<u> </u>		
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	528	15,237		GENERAL INSURANCE		6,69	0 6,690
(CLERICAL & GENERAL OFFICE EXPENSES								
	BANK CHARGES		1,181		27	OTHER			
	EQUIPMENT REPAIR & MAINTENANCE		840			BAD DEBTS	VI 24	1,98	7
	OUTSIDE CLERICAL SERVICES		0						0 1,98
	PENALTIES / OVERDRAFT CHARGES	VI 18	635						
	HOME OFFICE EXPENSE		0						
	THEFT & DAMAGE LOSS		0						
	TELEPHONE		13,112			GRAND TOTAL COLUMN 3 OTHER			395,754
ſ	MESSENGER SERVICE		0						

THE ARC OF JACKSONVILLE, LTD. EMPLOYEE MEAL RECLASSIFICATION 12/31/2001

TOTAL FOOD PURCHASE LESS SALES TAX	94,554 (320)	PATIENT MEALS ADD EMPLOYEE MEALS	79389 6205
NET FOOD	94,234	TOTAL MEALS/YEAR	85594
TOTAL PATIENT CENSUS TIME 3 MEALS PER DAY	26,463	NET FOOD DIVIDE TOTAL MEALS/YEAR	94234 85594
TOTAL PATIENT MEALS	79389	COST PER MEAL TIME EMPLOYEE MEALS	1.1 6205
ADD # EMPLOYEE MEALS/DAY	17		
TIME # DAYS	365	EMPLOYEE MEAL RECLASSIFICATION	6826
TOTAL EMPLOYEE MEALS	6205		======
	0200		